



**LOCAL INNOVATIONS TO STOP  
CRIMINALIZING MENTAL ILLNESS**

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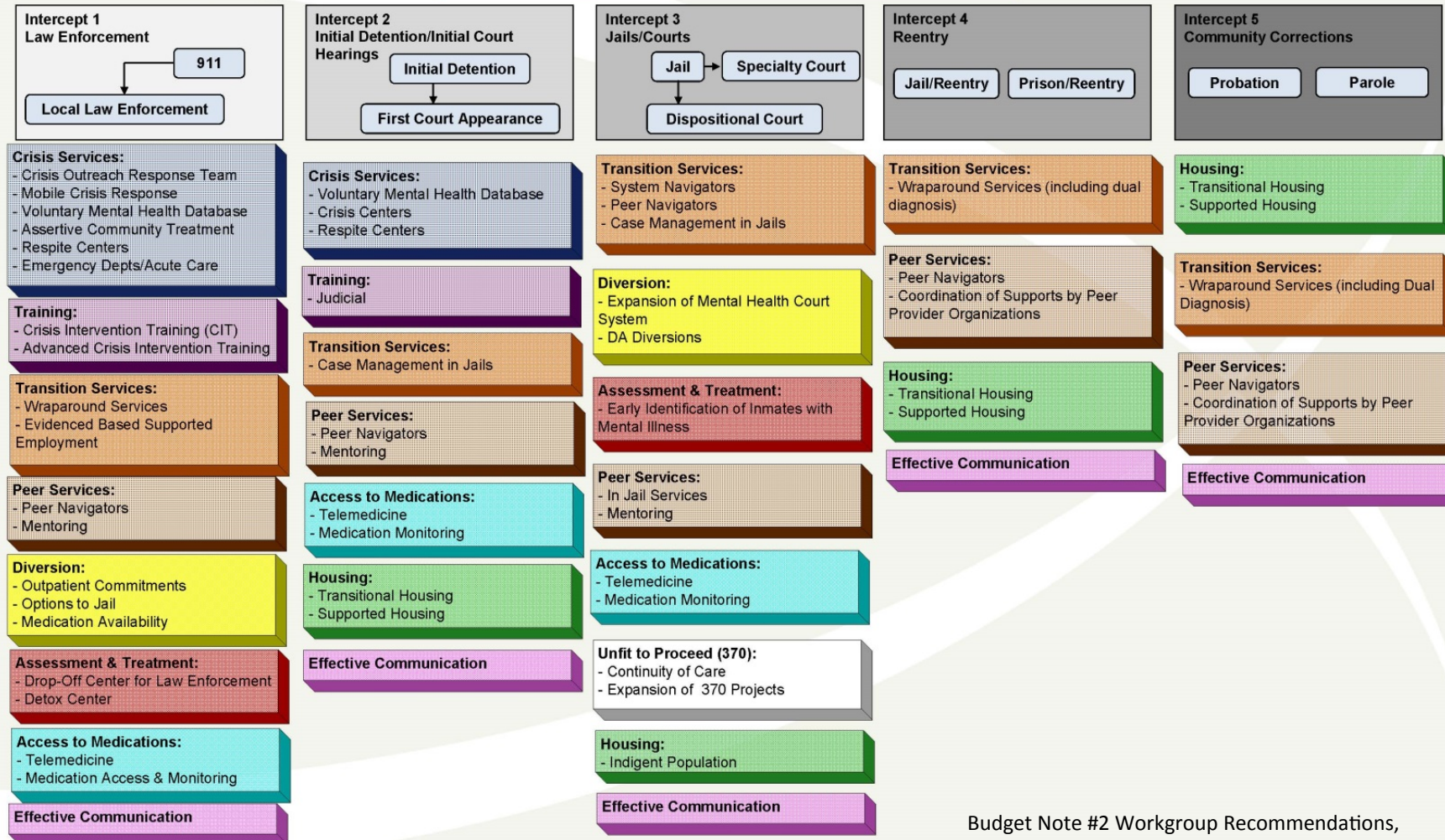
# COMMUNITY NEEDS ACROSS OREGON

- Lack of “local” MH mobile crisis response → 5 pm – 8 am and on weekends
- Medical and mental health staff in jail/detention
- Crisis housing with wrap around services
- Early ID of mental health needs in jail/detention
- Quicker court processes
- More peer to peer support
- Inconsistent/lack of collection and analysis of data to measure success and make course corrections
- Training for system partners – i.e. Crisis Intervention Training for law enforcement and continuing education for prosecution/defense

# SEQUENTIAL INTERCEPT

## Budget Note #2 Workgroup Recommendations Sequential Intercept Model (SIM) Overlay

Appendix C



# MULTIPLE INTERCEPTS: FRONT END DIVERSION MOST EFFECTIVE

- Best intervention point is in the community, where treatment needs are met through mental health services, before law enforcement involvement.
- Even with community services in place, some people slip through the cracks and encounter law enforcement.
- In a system with appropriate interventions at each potential intercept, most people should be diverted from justice involvement.
- Individuals with mental illness who are incarcerated may be connected with services immediately in custody and upon release to prevent further justice system-contact.
- Some people with mental health challenges need to be incarcerated or justice system involved and receive a high degree of community supervision and services.

# What does a crisis service array for people at risk for incarceration look like?

**Depending on the community's needs and resources, a crisis service array will include a combination of the following services:**

- Center-based and mobile crisis response;
- Psychiatric emergency services;
- Respite care services as defined in ORS 409.450;
- Forensic assertive community treatment;
- Sobering centers;
- Supported housing;
- Specialty courts;
- Coordinated transition planning;
- Acute and subacute centers;
- Crisis intervention training; and
- Other programs and services with proven results for diversion of persons with mental health and substance use disorders from the criminal justice system and for re-entry into communities

# YAMHILL COUNTY SYSTEM CHANGES

*2009 Special Needs Task Force Purpose: Assess local criminal justice (CJ) system and how it interfaces with special needs populations (CD, DD, MH) in order to make recommendations and strengthen system initiatives.*

- Open access model of care in outpatient clinic
- Added community outreach specialist capacity with new grant(s)
- Added new after-hours psychiatric screening contract with local university post-doctoral students
- Implemented HB 3466, law enforcement data system medical database
- Implemented evidence-based MH, A&D screenings at booking
- Increased behavioral health services: Jail-Based, Corrections, Court
- Created juvenile/adult Parole & Probation specialized caseloads
- Provided training for legal counsel, law enforcement, jail, probation
- Increased housing supports – Fast Track Housing Authority, Section 8 (60

# YAMHILL COUNTY OUTCOMES

- Reduction in psychiatric screenings at local hospitals
  - Decrease of 11% in 2011-2012 (compared to prior year) when open access was first implemented
- Decreased jail length of stay for persons with high mental health needs
  - First 6 months 2011 to first 6 months 2013 = 12% reduction in jail length of stay
- Increased participation in mental health court
  - 2013 enrollment up 46% from 2012

# MULTNOMAH COUNTY

## Forensic Diversion Programs

The Forensic Diversion (FD) program serves consumers in the criminal justice system with serious mental illness who are at risk of lengthy stays in jail or hospitals unless provided additional treatment, support, and resources. FD works with consumers pre and post adjudication by providing intensive care coordination and linkage to supports that will provide long-term stability such as housing, employment, insurance and other social services. In FY14, our FD program served 560 consumers.

- Community Restoration (CR) is an alternative for individuals who are deemed unable to Aid and Assist in their own defense and ordered to undergo restoration at Oregon State Hospital.
- The Stabilization and Treatment Preparedness Housing Program (STP), in collaboration with the Department of Community Justice and the Health Department, is a 24/7 dorm style facility with 16 beds. This short term transitional housing program serves males who experience mental health issues and are being released from jail or prison.



# MULTNOMAH COUNTY

## Mental Health Court

Participants are identified by the courts or legal representation as having severe mental illness and are currently incarcerated or at risk of incarceration based on an alleged crime or probation violation. Potential participants agree to be supervised by the court for a 12 month period.

## Mental Health Justice Triage Program

The Mental Health Justice Triage Program assesses and diverts consumers with mental health issues from unnecessary incarceration, open seven days a week and is staffed with a peer, clinician and RN. Referrals are generated through police, probation officers and jail booking staff. The program has two dedicated beds within a 16 bed secure sub-acute stabilization facility - the Crisis Assessment and Treatment Center (CATC).

# MULTNOMAH COUNTY

## 911 Mental Health Transfer Protocol

This program is an innovative collaboration between 911 and our local county crisis line to reduce unnecessary police dispatch to individuals in a mental health crisis. 911 and Multnomah County developed protocols to triage and determine which consumers can be safely transferred to mental health professionals who answer the crisis line. The crisis line has a dedicated phone line for crisis calls from 911 and regular meetings to review outcomes and specific calls. This program has been instrumental in reducing non-urgent mental health dispatch calls for the Portland Police Bureau.

## Forensic Assertive Community Treatment (FACT)

Based on the Assertive Community Treatment model using a multidisciplinary team, the FACT program is designed to assist individuals who experience the most severe symptoms of mental illness and the greatest level of functional impairment in major areas of life, including employment, relationships, housing instability, physical health and wellness.

# CAHOOTS IN LANE COUNTY

## *(CRISIS ASSISTANCE HELPING OUT ON THE STREETS)*

Formed in 1989 as a collaboration between the Eugene Police Department and White Bird Clinic to better address the needs of homeless, poverty-stricken, mentally distressed, and addicted people who have constant contact with 911 services but aren't necessarily served effectively by them.

- EVERY CAHOOTS TEAM CONSISTS OF AN EMERGENCY MEDICAL TECHNICIAN AND A MENTAL HEALTH CRISIS WORKER.
- CAHOOTS RESPONDS TO APPROXIMATELY 25 CALLS EVERY DAY. APPROXIMATELY 60% OF OUR CALLS INVOLVE THE HOMELESS, BUT CAHOOTS SERVES PEOPLE FROM ALL WALKS OF LIFE. EVERYONE HAS BAD DAYS.

# TYPICAL CALLS FOR CAHOOTS

- Mental Health Issues: Anxiety, Depression, Psychosis, Suicidal Ideation, and/or thoughts of self harm.
- Intoxication or substance abuse issues
- Welfare checks on intoxicated, disoriented, or vulnerable individuals.
- Access/transport to emergency shelter
- Individuals requiring medical and/or mental health evaluation but not a paramedic level EMS response.
- Mediation of disputes between family members, roommates, or clients at group homes or agencies.
- Diverse situations that do not involve emergent medical or criminal issues.

**Outcome:** 7,865 out of 10,283 calls avoided = 4,560 Law Enforcement hours saved

# MARION COUNTY

- Mobile Crisis Team – 455 encounters and only 22 went to jail
  - “Frank” – Veteran with PTSD and substance use; resolved without use of force.
- Crisis Outreach Response Team – 2,348 police reports reviewed; 933 individual follow ups; A&D mentors added; MOU with local law enforcement
  - “Michael” – from 31 911 calls to 3 due to case management, housing and transportation assistance
- Psychiatric Crisis Center – Jail Mental Health Team contacts reduced from 1,225 in 2011 to 704 in 2014.
- Crisis intervention training established at 40 hours

# NEW INVESTMENT IN JAIL DIVERSION

- Justice Reinvestment Funds through the Criminal Justice Commission
- State General Funds through the Oregon Health Authority
- County General Funds dedicated to Jail Diversion and Crisis Services in mid- to large counties
- Medicaid funding through Coordinated Care Organizations (Oregon's managed care entities)
- Federal Grants and Technical Assistance by GAINS Center

# NACBHDD\* BH FOCUSED TA WITH PRA/ GAIN CENTER



- As a complement to NACo's SUI, a technical assistance project with the GAIN Center/PRA.
- In cooperation with corporate sponsors, NACBHDD will fund a technical assistance service with PRA/GAIN Center on county-specific BH intervention and practices.
- Four areas of focus for the BH piece of SUI:
  - Crisis services (e.g. receiving centers, warm lines, MCOTs, etc.) which keep people with BH conditions out of jail.
  - Case Coordination (managing BH clients who have interaction with law enforcement including jail booking/admission)
  - EHR/MIS systems coordination and interoperability
  - Pharmaceutical Interventions and use of medications both in and out of a jail environment.

\* National Association of County Behavioral Health and Developmental Disabilities Directors is the BH affiliate of NACo.

# WHAT CAN YOU DO TO PROVIDE COMMUNITY BASED ALTERNATIVES TO INCARCERATION?

- Work with your system partners, State and Medicaid managed care to fund community based jail diversion and crisis services programs.
- Include housing and substance use disorder treatment in the jail diversion service array.
- Advocate for full implementation and expansion of mental health parity and addiction equity.
- Advocate for CMS to allow Medicaid coverage for preadjudicated inmates.
- Provide opportunities for Public Safety, Mental Health and other local system partners to collaborate and work toward common outcomes.
- Take advantage of offers to help! NACo Stepping Up Initiative, GAINS Center Technical Assistance, Bureau of Justice, National Institute of Corrections, State initiatives, etc.